

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035088

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

154

Primary Registration District No.

5575

Registrar's No.

20

FILED OCT 3 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Grandview

Length of stay in 1b

3 Mos

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

12901 Grandview Rd.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Grandview

d. STREET
ADDRESS

(If outside, give location)

12901 Grandview Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary

Belle

McKinney

4. DATE
OF
DEATH

Month

Day

Year

Sept. 26 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Widowed ☐Never Married ☒Divorced ☐

8. DATE OF BIRTH

1/13/07

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Record Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Cattle Ass'n.

11. BIRTHPLACE (City and state or country)

Novelty Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William W. McKinney

13b. MOTHER'S MAIDEN NAME

Corä Belle Hurlburt

14. NAME OF HUSBAND OR WIFE

Mrs Gail McPherson Grandview Rd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Myocardial Infarction
Arteriosclerotic Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATHImmediate
5 yearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 1962 to present

and last saw him alive on 9-24-62

Death occurred at

1:30

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William L. Doane MD

22b. ADDRESS

1102 Main GRANDVIEW

22c. DATE SIGNED

9/26/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9-27-62

23c. NAME OF CEMETERY OR CREMATORY

Maple Hills Cemetery

23d. LOCATION (City, town, or county)

Kirksville Missouri

24. FUNERAL DIRECTOR

ADDRESS

E.K. George & Sons inc. Grandview Mo

25. DATE RECD. BY LOCAL REG.

9-26-62

26. REGISTRAR'S SIGNATURE

Sterling B. Daddard

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sterling E. Goodard

Licensed Embalmer No.

4911

P. O. Address

Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.